



Ledge Light
Health District

BOARDING AND LODGING HOUSE INSPECTION REPORT

Establishment	Address	Town/City	Phone #
Owner or Agent	Address	Town/City	Phone #

WATER SUPPLY:

SEWAGE DISPOSAL:

TOILET FACILITIES AND SEWAGE DISPOSAL:

Sewage Disposal:

Water pressure:	Hot water supplied:	In good repair:
Toilets flush properly:	Properly vented:	
Sanitary condition:	If on-site septic, list date of last service:	

FOOD SERVICE FACILITIES:

Common refrigerator:	Thermometers provided:
Temperature reading:	Type of drinking water utensil:
Sanitizing procedure:	Type of fuel being used for cooking:
Trash disposal:	Adequate trash disposal:

SLEEPING QUARTERS:

Check for cleanliness: Walls Floors Mattresses Bedding

GENERAL:

Evidence of vermin:	Extermination Service:
Fire or CO detectors provided:	
Check for cleanliness:	Floors Walls Ceiling Stairways
Laundry facility on site:	
Building in good repair:	
Building grounds clean:	
Is storage of refuse satisfactory:	When is disposal?
Are facilities and operations such to minimize accidents?	
First-aid facilities satisfactory:	
Type of heat:	hot water hot air other

COMMENTS:

OWNER OR AGENT	DATE	HEALTH INSPECTOR
----------------	------	------------------